

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047523

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 98

FILED DEC 18 1962

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington Rural</u>		Length of stay in lb <u>Minutes</u>	c. CITY OR TOWN <u>Carrollton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi. East of town</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>203 Martin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GARY</u> Middle <u>LEE</u> Last <u>ATTERBURY</u>			4. DATE OF DEATH Month <u>December</u> Day <u>4</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 27 1945</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	9. AGE (last birthday) <u>17</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. BIRTHPLACE (City and state or country) <u>Brookfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Emerald Atterbury</u>		13b. MOTHER'S MAIDEN NAME <u>Juanita Enyeart</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mr. Emerald Atterbury</u> Address <u>Carrollton Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple fractures, head injury & crushing injury to thorax</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Death was instant</u> DUE TO (c) <u>Death was instant</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head on collision on 4 S. 4th & 6th</u>	
20c. TIME OF INJURY Hour <u>9:45</u> a.m. Month, Day, Year <u>12 4 62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lexington 24</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Lexington Lafayette Mo</u>		
21. I attended the deceased from <u>after death</u> to <u>9:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>9:45</u> a.m.			
22a. SIGNATURE <u>W. Martin</u> (Degree or title)		22b. ADDRESS <u>Odessa Mo</u>	22c. DATE SIGNED <u>11-4-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carrollton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>
24. FUNERAL DIRECTOR <u>Gibson Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-62</u>	26. REGISTRAR'S SIGNATURE <u>Marion E. [Signature]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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DEC 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James F. Johnson
Licensed Embalmer No. 5076

P. O. Address Canollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.